

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030568

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 118 Primary Registration District No. 5438 Registrar's No. 25  
**FILED SEP 4 1962**

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Gasconade</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> COUNTY <u>Gasconade</u>                   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Brush Creek Twp.</u>  |   | Length of stay in lb<br><u>lifetime</u>   | c. CITY OR TOWN <u>Owensville</u>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Farm Home</u>   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>Rural Route 3</u>  |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>William Albert Havelka</u>   |   | 4. DATE OF DEATH Month Day Year<br><u>August 25, 1962</u>   |  |
| 5. SEX<br><u>male</u>   | 6. COLOR OR RACE<br><u>white</u>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>2-28-1878</u>  |
| 9. AGE (last birthday) <u>84</u>  |   | IF UNDER 1 YEAR<br>Months Days Hours Min.   | IF UNDER 24 HR<br>Months Days Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>retired farmer</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>farming</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Owensville, Mo.</u>   |
| 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>   |   | 13a. FATHER'S NAME<br><u>Matthew Havelka</u>  |  |
| 13b. MOTHER'S MAIDEN NAME<br><u>Lena</u>  |   | 14. NAME OF HUSBAND OR WIFE<br><u>Emma Fuchs Havelka</u>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>  |   | 16. SOCIAL SECURITY NO.<br><u>[redacted]</u>  |  |
| 17. INFORMANT<br><u>Herbert Havelka</u>   |   | Address<br><u>Owensville, Mo.</u>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cardio-Vascular-Renal Syndrome</u><br>DUE TO (b) <u>Arteriosclerosis</u><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>8 mos</u><br><u>8 mos +</u>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Benign Prostatic Hypertrophy</u>  |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |   |  |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  | 20f. CITY, TOWN, OR LOCATION COUNTY STATE   |   |  |
| 21. I attended the deceased from <u>10-21-61</u> to <u>8-25-62</u> and last saw him alive on <u>8-23-62</u><br>Death occurred at <u>8 a.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.   |   |   |  |
| 22a. SIGNATURE <u>Paula Brunner, M.D.</u> (Degree or title)   |   | 22b. ADDRESS <u>Owensville, Mo.</u>   | 22c. DATE SIGNED <u>8-25-62</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>burial</u>  | 23b. DATE<br><u>8-27-1962</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Old Catholic Cemetery</u>  | 23d. LOCATION (City, town, or county) (State)<br><u>near Owensville, Mo.</u>   |
| 24. FUNERAL DIRECTOR<br><u>Gottenstroeter Funeral Home</u><br><u>Owensville, Mo.</u>  |   | 25. DATE RECD. BY LOCAL REG.<br><u>August 27, 1962</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Mrs. Marvin Jappmeyer</u>  |

USE BLACK INK

OR

TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Myford H H Winter*

Licensed Embalmer No. 3838

P. O. Address DUNESVILLE

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.